



**FELLOWSHIP INTERNSHIP
APPROVAL FORM**

U.S. Department of Energy

Fellow Information		
Name:		University:
Award Year:	Phone:	Email:
Advisor/Title:		

Internship Details		
Company:		Location:
Name/Title of Internship Supervisor:		
Supervisor Phone:	Start Date:	Duration:

***Attach a description of the work to be conducted during this internship, as well as your primary responsibilities/duties.**

Internship is: Full-Time Part-Time

I certify that this internship is directly related to the conduct of the Integrated University Program.

Student _____
Printed Name Signature Date

Advisor _____
Printed Name Signature Date

<i>For Office Use Only</i>	
IO Signature: _____	Date: _____